

CERTIFICATION OF NOTIFICATION OF URAP PARTICIPATION

LICENSEE CERTIFICATION OF NOTIFICATION OF URAP PARTICIPATION

I, (*print name and profession*) _____, hereby certify that I have informed my:

(*Check one, use and submit additional copies of this form as needed.*)

- ☐ Employer Representative
- ☐ My prescribing practitioner
- ☐ My EAP (Employee Assistance Program) counselor
- ☐ Spouse or Significant Other

of my status as a participant in the Utah Recovery Assistance Program (URAP). I have shown them a copy of my Diversion Agreement which was signed on (*date*) _____ and is for a term of _____ years from that date.

Signature: _____ Signature Date: ____/____/____

(*This section to be completed by the appropriate entity.*)

VERIFICATION OF NOTIFICATION

I, (*print name*) _____, representing
(*print entity*) _____, do hereby verify that the above named individual has shown me a copy of their Diversion Agreement with the Department of Occupational and Professional Licensing and that I have verified the dates as indicated and reviewed the basic requirements of the Agreement as it may regard my reporting requirements concerning said Participant.

Signature: _____ Signature Date: ____/____/____

Printed Name: _____ Title: _____

e-mail address: _____ Phone Number: _____